

# Evaluation of the Australian Humanitarian Partnership’s Bangladesh Humanitarian Response Phase III: Joint Management Response

An independent evaluation assessed the third phase of the DFAT-funded Australian Humanitarian Partnership (AHP) Response to the ongoing Bangladesh humanitarian crisis. The AHP response was implemented by a consortium of AHP partners including Save the Children, Oxfam, Care, World Vision, Plan and CAN DO through a Consortium Management Unit. Tetra Tech was contracted by the AHP Support Unit (AHPSU) to conduct the evaluation. An evaluation review committee and the AHP Support Unit provided oversight of all key stages and products of the evaluation.

DFAT and five Australian Non-Government Organisation (ANGO) partners in the AHP Bangladesh Humanitarian Response Phase III have responded to the evaluation’s recommendations in the management actions table below. This includes all ANGOs that are implementing Phase IV of the AHP Bangladesh Humanitarian Response from July 2023 to December 2025. Of the 15 recommendations, 14 have been agreed or partially agreed and one has been noted. This joint management response outlines the agreed actions that will be taken forward.

## Management Actions

Recommendation	Responsibility <sup>1</sup>	Level of Agreement <sup>2</sup>	Action	Timeframe
<p><b>1.</b> Volunteering opportunities are in high demand in camps and demonstrated their effectiveness in promoting the self-reliance, resilience and even protection of displaced people, in the areas of DRR and WASH, within the camps. This model should be more broadly reflected across the AHP activities, and more</p>	ANGOs / DFAT	Agree	<p><b>1.1.</b> Oxfam will continue to engage volunteers through its water, sanitation and hygiene (WASH), gender, protection and emergency food security and vulnerable livelihoods programming (following new skills development sector). Volunteers are a major part of Oxfam’s community-based protection approach to raise awareness about and report protection concerns in the community. However, decisions</p>	July 2023 – December 2025

<sup>1</sup> Where matters are related to all NGO partners – Save the Children, Plan International, World Vision, Oxfam, CARE and CAN DO – will hereafter be referred to collectively as ANGOs.

<sup>2</sup> Levels of Agreement: agree; partially agree; disagree and noted.

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<p>opportunities and incentives should be made available to refugees.</p>		<p>Agree</p>	<p>around reduced funding in AHP Phase IV, has also reduced the scope for engaging community-based volunteers (CBV). OXFAM adheres to volunteer payment guidelines following published “Guidance on the Engagement of Volunteers for the Rohingya Refugee/Forcibly Displaced Myanmar Nationals Camp”, including recent increase to the monthly payment rate for gender and protection volunteers.</p> <p><b>1.2</b> CARE will continue to create volunteer opportunities for camp communities, focusing on engaging women (including single women and widows) and girls and people with disabilities. This approach is already widely used by partners across interventions according to Inter-Sector Coordination Group (ISCG) and The Office of the Refugee Relief and Repatriation Commissioner (RRRC) guidelines.</p> <p>CARE seeks to provide Cash for Work opportunities under disaster risk reduction (DRR) and WASH as well as longer-term roles which build capacity of camp communities to maintain camp infrastructure and act as first responders during crises.</p>	
		<p>Partially agree</p>	<p><b>1.3</b> Plan is supportive of volunteerism, however, the extent to which Rohingya can volunteer is dependent on camp government authorities. In Phase IV, ANGOs with country offices will continue to work with local NGO partners and engage local volunteers to the extent possible to implement AHP activities.</p>	

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		Agree	<b>1.4</b> World Vision (WV) believes that International Non-Government Organisations (INGOs) need to spend more resources to manage the volunteers including providing incentives, screening process, monitoring, capacity building and training to ensure that the volunteers also comply to DFAT standards as they engage in community activities.	
		Agree	<b>1.5</b> Save the Children (SC) had volunteers in education, child protection and health areas in AHP Phase III. This will continue in Phase IV.	
		Agree	<b>1.6</b> DFAT agrees with this recommendation and continue to support partners' implementation of volunteer activities, noting that opportunities for partners to support volunteers are shaped by the Government of Bangladesh through the 'Guidance on the Engagement of Volunteers for the Rohingya Refugee/FDMN Camps' and the 'Government of Bangladesh-United Nations Framework on Skills Development for Rohingya Refugees/FDMNs and Host Communities'. DFAT will continue to advocate for further opportunities for self-reliance at the policy level.	
<b>2.</b> The existing policy instruments present significant challenges when creating market linkages for displaced Rohingya. A key takeaway from AHP implementation is the importance of expanding livelihood and vocational training programs beyond the confines of the camps, focusing on facilitating connections with	ANGOs / DFAT	Agree	<b>2.1</b> Oxfam to support skills development within the camps in line with what is permissible by The Government of Bangladesh (GoB) and will continue supporting host communities with capacity building and linkage with government and non-government support, including climate smart agriculture. Oxfam will explore the possibility of market linkages between camps and host community	July 2023 – December 2025



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		Partially agree	<p><b>2.5</b> Save the Children did not have self-reliance/ livelihood specific initiatives in AHP Phase III, nor under AHP Phase IV. However, SC considers that refugee volunteers are playing the key role in the entire response and where it is required, SC engages volunteers for lasting changes. Although not a self-reliance or livelihoods initiative, volunteers receive skills training as well as a stipend payment, which both economically supports individuals and families and contributes to their long-term capacity for self-reliance.</p> <p>Beyond the AHP, SC has a volunteering program in partnership with World Food Program (WFP) where 3200 refugee youths' benefit with direct cash-based incentives through receiving soft skills training and involvement in community mobilization. In addition, SC's WASH and shelter programs are also fully supported by the volunteers.</p>	
		Partially agree	<p><b>2.6</b> DFAT supports the aim of increased opportunities for self-reliance of Rohingya refugees, however notes that solutions must be progressed within the frameworks agreed between the humanitarian community and the Bangladesh government. Implementation of this recommendation without careful consideration of the frameworks or the required approvals may raise new and different challenges. DFAT will continue to advocate for progress toward policy settings that foster the self-reliance of Rohingya refugees and will do so in close partnership with the humanitarian community.</p>	



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		Partially agree	<p>women’s rights and gender justice, and training of community leaders and community sensitisation sessions to foster dialogue and drive positive change.</p> <p><b>3.3</b> Plan is supportive of the concepts of volunteerism and Rohingya participation in active leadership roles in camps including, but not limited to, decision making. However, the extent to which Rohingya can assume such roles is dependent on the endorsement of camp government authorities. For Phase IV, Rohingya were consulted as part of the design process. Furthermore, towards the end of Phase III, Rohingya in camps and host communities participated in a suite of research conducted by Deakin University, an Australian academic partner of Plan International. The findings of the research will inform any necessary updates to the CARE-led AHP consortium, which includes Plan International and Oxfam.</p>	
		Agree	<p><b>3.4</b> WV is a strong advocate for localization and works closely with local communities and local organizations to empower them to be able to take a proactive role in their community development initiatives. This goes beyond volunteerism and is a part of all WV project initiatives.</p>	
		Partially agree	<p><b>3.5</b> Save the Children engages volunteers in the Community-based Child Protection Mechanism (through Community Based Child Protection Committees) that contributes to the protection of children from risks and violence. The education facilitators are from the refugee community and are involved in building the community through delivering the Myanmar</p>	

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		Partially agree	<p>curriculum, which is beyond traditional volunteering roles. Since SC is one of the agencies in the Refugee Operations and Coordination Team (ROCT) and a Steering Committee member of the NGO Platform, this provides an additional avenue to raise the voices of refugee communities and leaders in the advocacy agenda.</p> <p><b>3.6</b> DFAT strongly supports ensuring refugee and host community leadership, voices and perspectives inform humanitarian work and prioritisation. However, we acknowledge constraints on partners' ability to safely elevate refugees and refugee-led organisations in formal leadership positions in the camp context. Partners implementing the recommendation should take care to ensure protections are in place when working with Rohingya leaders in this context, being careful to apply a do-no-harm approach that does not expose leaders to safety or protection risks.</p>	
<p><b>4.</b> AHP demonstrated disability inclusion and inclusion more generally as a core pillar impact area. However, the congested camp environment, including narrow pathways and confined infrastructure, made it difficult to implement disability measures in line with international principles. It is recommended that comprehensive and locally appropriate and practical measures are taken to improve accessibility, reach and mobility, identified with the more active involvement of people with a disability.</p>	ANGOs / DFAT	Partially agree	<p><b>4.1</b> CARE in consortium with Plan and Oxfam are investing in disability inclusion in Phase IV. CARE as Disability Inclusion Lead is partnering with CBM and placing a Disability Inclusion Advisor in Cox's Bazar to support staff and partners. Disability Support Committees (DSC) will play a key role in centring the perspectives of people with disabilities into the program's design.</p> <p>While CARE agrees in principle with this recommendation, the context and feasibility also need to be taken into account. For example, agencies face challenges in getting approvals on all infrastructure changes. RRRRC has strict</p>	July 2023-December 2025



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			<p>guidelines on types of infrastructure that can be built. Space is extremely limited so even if agencies can procure materials to build ramps etc, there is not necessarily space to do so. CARE will continue to work with partners under guidance from CBM to break down the stigma associated with disability to increase the number of families which seek support. This not only considers inclusion of physical disabilities but the diverse experiences of people with disabilities.</p>	
		Agree	<p><b>4.2</b> Oxfam will also continue its ‘Community-Led Total Sanitation’ approach to ensure WASH interventions are adapted to meet the needs of communities, ensuring gender and disability inclusion, by engaging communities through mobilization and awareness raising.</p>	
		Agree	<p><b>4.3</b> World Vision, together with CBM, our Disability Inclusion partner in Phase III, support this recommendation and observe that disability is varied and what works for one type of impairment will not work for another. Technical expertise and input from people with lived experiences is the best way to ensure no one is left behind. The beneficiary impact report highlighted a number of good practices and real benefits for beneficiaries with disabilities while at the same time drawing attention to the difficulties of meeting all accessibility requirements in such a difficult physical environment.</p>	
		Agree	<p><b>4.4</b> Disability inclusion is one of the cross-cutting mandatory approaches in all interventions of SC. The health facilities,</p>	

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		Agree	<p>learning centres and Multi-Purpose Child and Adolescent Centres (MPCAC) are, where possible, designed with minimum accessibility requirements. Disability inclusive WASH and the above facilities will be continued in Phase IV as well, with further works planned to increase physical accessibility, especially in health facilities. In addition, through SC’s partnerships in Phase IV, assessments of approaches, programming, and facilities will be undertaken to improve the range of access and accommodations available for people with disabilities. These assessments will be supported by newly formed organisations of persons with disabilities (OPDs) established and supported through the project.</p> <p><b>4.5</b> DFAT strongly supports this recommendation in line with global disability inclusion commitments. In addition to improving focus on disability in AHP programs, DFAT will work to encourage AHP partners to link with sector-based and response-wide disability inclusion efforts, and to ensure disability expertise within the AHP is shared with other actors in the humanitarian response (possibly catalysing improved approaches outside the AHP).</p>	
<p><b>5.</b> Place a special emphasis on adolescent girls in AHP programming in response to the community culture in the camps and the significant issues and barriers for this vulnerable group. All members of the displaced communities will benefit from the support provided to adolescent girls and women and</p>	ANGOs	Agree	<p><b>5.1</b> Under Phase IV, CARE, Oxfam and Plan along with local partners are centring women and girls in all their diversity. This includes specific interventions targeting adolescent girls with services related to education, WASH and GBV. For example, programming includes girls only sessions in community-based youth clubs and women and girls’ safe spaces. Life skills training and Girls Shine activities seeks to</p>	July 2023- December 2025



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<p>inadvertently excluded other vulnerable segments, including orphans and widows, who are facing heightened vulnerability and are in dire need of support. As the voices of the affected people resonate, there is a strong recommendation to broaden the inclusion criteria, allowing for the selection of a wider range of vulnerable individuals within the community. By adopting a more comprehensive approach, programs can ensure that support reaches those who are most in need, fostering greater inclusivity, equity, and resilience among all members of the community.</p>		Agree	<p>by participants or may be overstated based on a small sample size. It is also unclear if this finding applies to all sectors or is referring to specific ones. However, ANGOs reaffirm commitment to devising and executing selection criteria which prioritise inclusion, and do not exclude orphans and widows.</p> <p><b>6.2</b> While we agree with the recommendation in principle, SC did not have livelihood interventions in AHP Phase III and will not have livelihood interventions in AHP Phase IV programming, instead prioritising other critical and high priority needs.</p>	N/A
<p><b>7.</b> The AHP Safe Spaces were highly effective in promoting gender equality and inclusion for women and girls, and people with a disability, and provide a model that should be widely replicated in camps. With appropriately trained women staff, they provide safety for women and children and promote broader transformational change at individual and community levels. This is a critical need in the context of Cox’s Bazar.</p>	ANGOs / DFAT	<p>Partially agree</p> <p>Agree</p> <p>Agree</p>	<p><b>7.1</b> CARE has comprehensive guidance documents on women and girls safe spaces (WGSS) as a sector leader in this space. WGSS are a widely adopted approach by many humanitarian actors within the camp context. WGSS are able to provide GBV case management but cannot provide safety in terms of removing women from violent households and rehoming them.</p> <p><b>7.2</b> WV promotes gender equality and inclusion of women and girls across its projects. We will be keen to replicate a model that works within the community in support of women and girls including people with disability.</p> <p><b>7.3</b> Save the Children have one girl friendly space (GFS) and 10 Multi-Purpose Child and Adolescent Centres (MPCAC) where female facilitators are providing activities with</p>	July 2023-December 2025

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		Partially agree	<p>adolescents in AHP Phase IV. In addition, there are female doctors / female nurses / female clinicians / female facilitators for providing services to women, adolescents and girls which is culturally appropriate. More trainings will be provided and will be given importance in AHP Phase IV to further facilitate promotion of gender equality and inclusion.</p> <p><b>7.4</b> DFAT agrees that safe spaces have been an effective initiative but will work with AHP Phase IV partners to ensure possible scale-up of any safe space initiatives are in line with whole-of-response planning efforts, in order to avoid duplication, support rationalisation and foster a one-camp approach. Consideration must also be given to ensuring safeguards are in place for female staff and ensuring do-no-harm for women, girls, people with a disability and other vulnerable populations.</p>	
<p><b>8.</b> It is recommended that both local and international organisations actively engage with affected individuals to enhance their perception and understanding of local humanitarian organisations. Presently, affected people predominantly perceive local organisations as being less capable and having limited potential to lead humanitarian responses. By fostering meaningful partnerships, promoting transparency, and showcasing the expertise and capabilities of local organisations, the perception and confidence in their ability to lead</p>	ANGOs / DFAT	Partially agree	<p><b>8.1</b> CARE and other AHP partners are working to build capacity of local partners, including their networks and participation within the sector. Capacity building is concentrated on supporting partners to deliver high quality services to the affected population. This will lead to increased visibility of local partners and their capabilities, rather than “engage with affected individuals to enhance their perception and understanding of local humanitarian organisations.”</p> <p><b>8.2</b> World Vision believes that localization needs to be strengthened and embraced by all implementing partners for the benefit of local organizations and the community. WV</p>	July 2023 – December 2025



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<p>qualitative reviews and a focused assessment of program interventions. This streamlined approach will not only optimise resources but also provide valuable insights for informed decision-making, leading to greater program effectiveness and meaningful impact on the lives of those we serve.</p>		Partially agree	<p>the success of Phase III and continue supporting a streamlined approach to MEAL through a dedicated working group.</p> <p><b>9.2</b> Save the Children conducted outcome assessments in AHP Phase III and will continue yearly outcome assessments under AHP Phase IV. While the logframe indicators have not been reduced to below 30, the MEAL approach has been reviewed and streamlined where possible. Specific budget items have been dedicated to MEAL resourcing, including key staff and field activities, and embedded in Partner budgets, to ensure robust and strategic data collection and analysis.</p>	
<p><b>10.</b> Assist time-poor external actors including DFAT and other donors to understand key progress and results quickly to ensure that impacts are recognised and valued. Ensure that reporting presents key information using easy-to-read visuals, such as the traffic light system which uses colour coding to highlight areas progressing well, those to watch, and areas of concern that require urgent action. Report on progress directly against targets and use a combination of limited quantitative output indicators to demonstrate the reach of activities, and qualitative data such as quotes and stories of change, to demonstrate depth and complexity.</p>	ANGOs / DFAT	Partially agree	<p><b>10.1</b> CARE, Oxfam and Plan will continue to provide high quality reports as well as other communication materials such as videos and case studies, which will be widely shared across online platforms. Building on from Phase III, the consortium MEAL working group with technical support from CARE Australia, will continue to build partner capacity in qualitative impact assessments.</p> <p>Under Phase IV, a strategy document is being developed on engagement with DFAT for updates on consortium progress at the country level and to provide opportunities to engage in the program. This will include meetings, updates and project site visits. Consortium coordination arrangements will also ensure a single line of communication with DFAT to streamline information flow.</p>	July 2023 – December 2025

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		Partially agree	<b>10.2</b> World Vision and her partners have continued to provide high quality reports as well as other materials including case studies and videos to share the impact of their work.	
		Agree	<b>10.3</b> Save the Children will develop a visualized dashboard with key information to inform and update the management and DFAT on the progress and impacts.	
		Partially agree	<b>10.4</b> DFAT, through the AHP Support Unit, sets reporting templates and requirements to provide comprehensive quantitative and qualitative data. Adjustments can be requested through the AHPSU as needed to ensure efficient and effective reporting.	
<b>11.</b> Among AHP partners implementing activities, the consortium became a valued platform for coordination among those delivering AHP support, facilitating responsive sharing of expertise and experience. AHP should continue to resource a consortium mechanism that complements partner-specific interventions to ensure ongoing collaboration and learning between AHP partners. This will also maintain the strong practices currently seen in key areas such as monitoring and evaluation, gender and protection, disability inclusion, and WASH, as well as efficient waste management practices. The model also promotes valuable opportunities	DFAT	Agree	<b>11.1</b> The CARE, Oxfam, Save the Children and Plan Phase IV consortium seeks to continue best practice documented in <a href="#">consortium ways of working</a> . The consortium will have shared services and collaborate on MEAL and disability inclusion. Periodic learning and reflection workshops will bring INGO and local partners together to facilitate sharing of expertise and experience.	July 2023 – December 2025



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for staff of civil society organisations to extend their skills.				
<p><b>12.</b> Some working groups proved highly effective, but the number of working groups should be limited, and more opportunities sought to engage with existing sector working groups. It is recommended to reduce the number of technical working groups to break the silos between gender, disability, and other intersectional and crosscutting areas.</p>	ANGOs / DFAT	Agree	<p><b>12.1</b> The CARE, Oxfam and Plan Phase IV consortium is more streamlined, and will have working groups for cross-cutting areas such as MEAL, disability inclusion and localisation but not per sector, to reduce duplication with existing whole-of-response mechanisms. Agencies will actively engage with existing sector mechanisms for Age and Disability, WASH, Education, Protection, Livelihoods, DRR and Site Development, as well as the NGO Platform.</p>	July 2023 – December 2025
		Agree	<p><b>12.2</b> World Vision and CBM agree with this recommendation and believe that for disability it would be appropriate to use the Age and Disability Working Group under the Inter-Sector Coordination Group for coordination rather than a separate AHP Disability Inclusion Working Group (DIWG).</p>	
		Agree	<p><b>12.3</b> In AHP Phase IV, SC will conduct bi-monthly all-partners meetings where cross-thematic issues will be discussed in the same platform.</p>	
		Agree	<p><b>12.4</b> DFAT strongly agrees with this recommendation and will work with AHP Phase IV partners to ensure coherence with other DFAT-funded partners and whole-of-response coordination mechanisms with regard to gender, disability and other intersectional and cross-cutting issues.</p>	



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		Partially agree	<p>dignified repatriation cannot be assured. Complementary Pathway options are also severely limited.</p> <p><b>14.2</b> AHP partners consistently advocate for durable solutions in Bangladesh and in all displacement contexts. However, the barriers for AHP partners to influence GoB decision making should be taken into consideration. AHP partners continue to advocate for durable solutions, but the issue is far wider than one project or consortia of partners.</p> <p>The CARE led consortium will work collectively with DFAT and other partners to advocate for durable solutions for Rohingya refugees. The Phase IV program seeks to address immediate needs as well as building the resilience of communities as much as possible within the constrained context. GoB restrictions prevent long-term development of camp conditions and repatriation is the only durable solution considered under the Joint Response Plan.</p>	
		Partially agree	<p><b>14.3</b> Save the Children is currently hosting the NGO Platform in Cox’s Bazar and organized a dialogue with donors including the Australian High Commission, Dhaka and NGOs in August 2023. It was a good initiative of the NGO Platform and it is hoped that this will continue in future. In addition, SC is part of the broader NGO sector coordination and advocacy, and will continue to work with Government and other local stakeholders towards longer-term solutions and sustainability.</p>	

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<p><b>15.</b> High levels of aid are still required to manage the humanitarian needs in Cox’s Bazar. Recent reductions in resourcing have already heightened the risk of family violence, child labour and illegal and dangerous work outside the camps. Life-saving services in education, health, WASH and protection depend fully on external funding, and the situation remains a protracted emergency. AHP should seek opportunities to return to previous funding levels for the camps and host communities.</p>	DFAT	Noted	<p><b>15.1</b> DFAT is continuing to support the AHP Bangladesh Humanitarian Response into a fourth phase, while responding to significant demand for assistance and emerging crises globally.</p>	July 2023 – December 2025